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child welfare

October 1960

Jane Addams and Our Unfinished
Business

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Services to Children

The Relationship of a Statewide
Agency to Community Chests

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CHILD WELFARE

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CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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JANE ADDAMS AND OUR UNFINISHED BUSINESS*

Robert H. MacRae

Executive Director
Welfare Council of Metropolitan Chicago

We can best honor the towering spirit of a great woman with a renewal of our faith in the ideals she cherished, the courage to support unpopular causes, and a commitment to causes larger than ourselves.

"SHE is the foremost woman of her nation, not far from being its greatest citizen." She is "America's most useful citizen." The first observation was made by a Swedish professor addressing a Nobel Prize convocation. The second was the comment of President Theodore Roosevelt. They were both speaking of Jane Addams. They were merely voicing the judgment of hundreds of thousands of men and women who had felt the impact of this great woman's life and work. It might be said of her as Pericles said of the heroes of Athens in the fifth century before Christ: "The whole earth is the sepulchre of famous men, and their story is not graven only on stone over their native earth, but lives far away, without visible symbol, woven into the stuff of other men's lives."

It cannot be doubted that the work of Jane Addams has been woven into "the stuff of other men's lives." Hull House became a symbol of practical helpfulness to bewildered, poverty-stricken and exploited immigrants flooding into Chicago's west side. Charity was supplemented by corrective action. At a Christmas party Miss Addams discovered children were refusing candy because they hated the sight of it after working in a candy factory fourteen hours a day. This was the beginning of a long and bitter battle to secure passage of an Illinois child labor law. Miss Addams won. She mobilized that remarkable group of women associated with Hull House to secure passage of a law fixing an eight-hour day for women in factory employment and providing for factory inspectors. The garment industry sweatshops in the Hull House neighborhood moved Miss Addams to invite workers to use the settlements for organizational meetings.

The Amalgamated Clothing Workers of America was born in Hull House.

The first juvenile court in America came into being in 1899 because of Miss Addams' leadership. A decade later the first child guidance clinic in the nation was organized in Chicago as an adjunct of the juvenile court. These steps to humanize justice for the juvenile offender spread across the nation. 1912 saw the establishment of the U. S. Children's Bureau, and Julia Lathrop of Hull House became the first Chief of the Bureau. This was the beginning of numerous creative and fruitful efforts to improve the well-being of America's children.

While Miss Addams dealt successfully with large problems affecting the nation, she also turned her hand to local and mundane affairs. She was aroused about poor sanitation in the Hull House area and realized the bad effects on public health. She accepted appointment as a garbage inspector to dramatize the problem, and brought about a higher standard of public services.

Miss Addams' creative wisdom has had a profound effect on American social work. The goals of social work were clarified and redirected by her vision. When she began her career, social work was largely characterized by the earnest efforts of well-meaning but untrained amateurs. When her career came to an end, the case for professional training was well established and graduate schools in social work were no longer exotic flowers in academic gardens. Her great influence was thrown on the side of careful professional training.

The outbreak of war in 1914 stirred Miss Addams deeply. Since she was a convinced pacifist, it was inevitable that she would be moved to protest against the violence and the

* Given at the CWLA Southwest Regional Conference, St. Louis, Missouri, on May 8, 1960.

insane hatred of war. She saw truth and decency as the first victims of the conflict. She was aware that war destroyed family life and thus struck at the very heart of society. War was incompatible with her ideals of a good society. She felt compelled to speak and act in the face of ridicule and scandalous abuse. Internationalism was more than an abstract idea to her. First through the Women's Peace Party in 1915 and then through the Women's International League for Peace and Freedom she used her great prestige and abilities for world peace. In 1931 her efforts were crowned by the Nobel Peace Prize.

Her vision makes us feel myopic; her energy reveals our sluggishness; her courage causes us to realize our timidity. Truly, here was a great woman. Her work has been "woven into the stuff of other men's lives."

The Greatness of Jane Addams

In the glow of a centennial year, we run the danger of obscuring the real Miss Addams. She was not all sweetness and light. On occasions she was called "Saint" Jane with more than a touch of irony. Here was no gentle soul shrinking from conflict. She disturbed civic complacency. She was a continuous irritant to those who did not wish to be bothered about poverty, deprivation and injustice.

It is my intention to suggest some of the "unfinished business" Miss Addams has left for you and me. Before I do so, however, I would like to examine some of the reasons for her greatness. Granted her high intelligence and her own economic security, what were the underlying reasons for her influence and her leadership?

The first reason, of course, was her love of people. This was no assumed pose. It was at the center of her attitude toward life. An educated young woman with sufficient money to live in comfort, she voluntarily chose to live in a corrupt, foul-smelling slum. Vice, violence and ugly poverty were her daily companions. Her neighbors were illiterate, sweaty with grinding labor, and speaking in a babble of tongues. Yet, she saw extraordinary possibilities in these ordinary people. Her deep

love for them kept her at the task of helping them achieve fulfillment.

While this love of people was the core of her philosophy of life, her greatness arose out of her passion for social justice. She could have spent her life with distinction in acts of kindness and helpfulness. Such a life would have shed light and warmth in the darkness of a city slum. It would have earned for Miss Addams affectionate remembrance. But she wished to be more than one who bound wounds and relieved poverty. She was a reformer. She was restless until causes of social evils were eradicated. In short, she had an unquenchable passion for justice. Furthermore, she was ready to translate this passion into militant social action.

Many men and women are capable of feeling deeply about social injustice. All too few of us are ready to face the slander, the abuse and the ostracism which follow aggressive social action. There are sharp penalties for those who disturb the social, economic and political status quo. It requires inner security and abundant courage to challenge entrenched power. These qualities Miss Addams possessed in abundance, and if she was dismayed by the violence of the attacks upon her she was not deterred.

The Continuing Struggle for Fulfillment

The great causes of human welfare did not end with Jane Addams's death. In our own generation, and in our own way, we also must struggle for human fulfillment. At this point in time, Jane Addams appears to us as a titan and the inhabitant of a golden age of social work. If she was a "pattern" woman to whom we turn in respect, is it not proper to ask ourselves how we measure up to the qualities she exemplified? I believe the social worker of the 1960's will measure up well in the capacity for a sustained love of people.

But do we as a profession maintain a passion for social justice which approximates that of Miss Addams? At this point I begin to have serious doubts. Generalizations are always hazardous, but it appears that one of the costs of professionalism has been a loss of passion for social justice.

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In the early years of this century, social workers and social agencies performed an invaluable service as the conscience of the community. They spoke out boldly about poverty, injustice and exploitation. They troubled the community, but important people listened. Much of the platform of the Progressive Party of 1912 was a reflection of the protests of articulate social workers. Much of the New Deal social legislation of the 1930's resulted from the influence of social workers and other reformers in the Roosevelt Administration. Granted, the economic crisis made bold social legislation essential and possible. Yet, there were social workers on the scene to analyze the problems, to offer solutions and to help mobilize public support.

Our voices are quieter now, our influence far less great. This is in part due to the fact that we are still consolidating the gains of the 1930's. It is in part due to the fact that poverty is not the staggering problem today that it was twenty-five years ago.

The fact remains, however, that serious social problems are still with us, and it is not the social workers who stir the public conscience. The economists and the labor leaders now perform that function. Why is this true? Why have we abdicated, in part at least, a time-honored function? I fear it is a reflection of our desire to give social work the respectability of a scientific discipline. Passion somehow seems incompatible with professionalism. I believe deeply in professional training for social work. I applaud the continuing efforts to improve the quality of professional preparation. I simply do not want the fire and warmth of the best social work practice to be extinguished by a cold and impersonal discipline. I do not want passion crowded out by technical competence.

Social work is an intuitive art. Like other arts, it has a scientific base in principle hammered out on the anvil of observation and experience. Like other arts, it must keep these scientific elements under control so as not to confuse means with ends. The good physician does not forget the value of a warm bedside manner as a factor in the healing process. Neither should we. A capacity for moral indignation is an essential part of the equipment of every social worker.

Effective Social Action

A passion for social justice and the capacity for moral indignation should lead to social action. Jane Addams is social work's proud example of effective social action. What of us in the 1960's? If the 1950's are examined, it seems clear we have not followed where she led. Circumstances have tended to vitiate our capacity for social action. The Hatch Act and garden-variety political prudence substantially inhibits social action by public agency employees. The voluntary agencies are inhibited by another form of restraint. Increasingly voluntary agencies are dependent upon federated fund-raising campaigns for financial support. Nothing makes a fund raiser more nervous than to discover a participating agency in full pursuit of a controversial issue. He cannot jeopardize the success of a campaign, and with it the future of one hundred agencies, just because one agency has tackled a controversial issue. Accordingly, pressure, both open and indirect, is exerted to discourage social action ventures. A dependent agency seldom needs to be reminded of these facts of life more than once.

This is a harsh dilemma. Federated financing has contributed tremendously to the financial stability of voluntary agencies. It has permitted executives and boards to concentrate on program problems with much less travail over financing. Yet, it has also restrained agencies from tackling the causes of social breakdown. As a community chest executive, and later as an agency executive, I have seen the dilemma at close hand. It is real. Yet, I have come to believe our timidity makes the dilemma sharper in fear than it is in fact.

Social action is possible within the framework of federation. Its form, however, is different than that of Jane Addams' day. One alternative, and frequently an effective one, is for the agency to supply documenting facts to an organization free to undertake militant action. A careful analysis of a social problem, supported by indisputable facts, is persuasive in reaching rational minds. When these facts are illuminated by the passion of a militant organization they can reach a wider audience. I see nothing devious or Machiavellian in this approach to social action, so long as the facts

are assembled with integrity and presented free of distortion.

Our timidity all too frequently prevents a more direct approach to action. As we all know, some issues in social welfare are surrounded by emotionally charged phrases such as "socialized medicine," and "the welfare state." Such phrases evoke irrational responses. Emotions replace thought in examining the social need. Through trial and error, I have learned that a problem presented in terms of what it means to a human being will draw an understanding, human response. The same problem presented in terms of an abstract philosophical or political principle will draw only thunder and lightning. For my part, I much prefer the intelligent conservative as chairman of my legislative committee. If I can win his understanding and support by presenting the case in warm, human terms my battle is more than half won. Social workers who have used this approach can testify that it works.

Effective social action is also dependent upon the development of a more united front by the forces of organized social work. The cleavage between voluntary and public social work must be bridged if the cause of social welfare is to be advanced. There is fault on both sides. All too frequently, voluntary agency personnel see public agencies as mass programs with primitive standards, tainted by politics and operated by untrained workers. All too frequently, public agency personnel regard voluntary agency programs as insignificant enterprises, commanding attention out of all proportion to their value, and operated by neurotic workers serving neurotic clients. Sometimes there is open hostility between the two groups. More often there is a lack of communication and a failure to make common cause. The continuance of such attitudes is sheer stupidity. Social work is of one fabric. The sooner we accept this fact and learn to cooperate, the more rapidly we will build a stronger social welfare system.

All social action contains elements of risk. Yet, if we are genuinely committed to human welfare we must accept the risks. I have found sustenance in Montaigne's cryptic observa-

tion: "Prudence has its own excesses, and it has no less need of moderation than folly."

Child Welfare Problems

Now let me suggest a number of child welfare problems and services which demand our attention, and in which joint effort on the part of lay citizens and professional workers is indicated.

First of all, let us take a quick look at the Aid to Dependent Children program. This much maligned program provides economic security of sorts for two and a quarter million of the most disadvantaged children in America. In March 1959, the average monthly payments per child were \$28.68! This is little more than slow starvation rather than escape from the corrosive effects of poverty. More than three-quarters of a million families are ADC families. The majority are broken families. Moreover, there is a clustering of families on ADC who have had inadequate education and cultural opportunities and who are least able in self-management. We have assumed, apparently, that all they needed was a bare minimum of subsistence. In truth, a monthly check is not enough. These ADC mothers desperately need skilled counseling and rehabilitation services. These services are seldom—only very rarely—available to them. At the same time they live in a continuing atmosphere of uncertain and changing policy and vicious social disapproval. It is a tribute to the resilience of the human spirit that some children can leave the program with independence and self-respect. It is no tribute to our sensitivity and compassion that we permit the abuse and inadequacies of the program to continue. If we want to make a major attack on the problem of socially handicapped children, there is no better place to begin than on ADC.

The economic security of great numbers of families and children is dependent on our social insurance programs. There have been significant gains in these programs in the last decade. Nevertheless, the coverage is uneven from state to state and benefits have failed, in many cases, to keep pace with rising prices. Particular attention needs to be directed to unemployment compensation and workmen's

compensation.

Public programs have been well recognized in the care of our children. Federal programs in child welfare services are well known. Yet in 1959, 3,000 children in the public child welfare system were 25 percent of these unsupervised.

In the United States, the number of children in foster care by 80 percent. The responding to the problem. A nation of 200 million people that 400,000 children in the age had mothers who were about three-quarters of a million families are ADC families. The majority are broken families. Moreover, there is a clustering of families on ADC who have had inadequate education and cultural opportunities and who are least able in self-management. We have assumed, apparently, that all they needed was a bare minimum of subsistence. In truth, a monthly check is not enough. These ADC mothers desperately need skilled counseling and rehabilitation services. These services are seldom—only very rarely—available to them. At the same time they live in a continuing atmosphere of uncertain and changing policy and vicious social disapproval. It is a tribute to the resilience of the human spirit that some children can leave the program with independence and self-respect. It is no tribute to our sensitivity and compassion that we permit the abuse and inadequacies of the program to continue. If we want to make a major attack on the problem of socially handicapped children, there is no better place to begin than on ADC.

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Our responsibility for children is to provide a community and underprivileged services. Many people do not want to make a prognosis of illegitimacy. Fifteen percent of the community's needs are met.

I suggest certain problems.

compensation programs where the lag is notable.

Public policy in the form of legislation has recognized the need for special services to children. Federal grants to support these child welfare services have been available since 1935. Yet in 1959, almost half of the more than 3,000 counties in the nation had no full-time public child welfare workers. Approximately 25 percent of the nation's children lived in these unserved counties.

In the years between 1948 and 1958, the number of mothers in the labor force increased by 80 percent. There was, however, no corresponding increase in group day care centers. A nationwide study made in 1958 revealed that 400,000 children under twelve years of age had to care for themselves while their mothers worked. I realize there is controversy about this issue. The fact remains, however, that women comprise 30 percent of our labor force and a very large percentage must work to keep the family self-supporting. Meantime, communities have done very little to protect young children from neglect by establishing nurseries and day care centers. In fact, in some communities there are fewer facilities of this kind than existed ten years ago.

In recent years it has been recognized that homemaker services can keep a family together when it is threatened by the severe illness or incapacity of one of the parents. Despite the values and economy of this program, only 143 agencies in the nation were providing homemaker services in the spring of 1958. At the time of the survey the combined total of families served was less than 2,200.

Our record in providing protective services for children is not much brighter in many communities. Juvenile courts are understaffed and underfinanced too frequently; probation services reflect distressingly low standards in many places. All too many casework agencies do not welcome protective cases because the prognosis is poor. There is an alarming rise of illegitimate pregnancies among fourteen-, fifteen- and sixteen-year-old children. In many communities, the facilities for serving their needs are severely limited.

I suggest also the need for re-examination of certain policies in our child welfare agencies.

There is a broadly held assumption that as the child population increases, institutional and foster care facilities will need to increase proportionately. This assumption might well be challenged. There is encouraging evidence that a family-centered approach, with adequate family casework, can prevent the separation of children from their families. Some of our better agencies act much less rapidly to remove children from the family than they did a few years ago. This trend deserves encouragement when the casework services are adequate for rebuilding family life.

I have wondered also if there is not need to make permanent plans for children in foster care much more quickly than is our customary practice. Child welfare specialists I respect express the belief that parental rights have been overstressed in too many cases. In consequence, large numbers of children have remained in foster homes throughout their entire childhood without really belonging to any one. Is it not necessary that we evaluate the parental potential more carefully, and review the concept of parental rights with greater attention to the rights of the child?

We have made a too quick assumption that adoption was virtually impossible for Negro children. Our council recently completed a three-year project which effectively challenged that assumption. It demonstrated, however, that new approaches are necessary to move these children into adoptive homes.

It is not enough for the child welfare agency "to tend to its knitting" and manage its internal affairs competently. It must also serve as the conscience of the community on child welfare problems. It must be prepared to engage in social action. It must participate in community planning to strengthen child welfare services.

On this centennial year we gladly honor Jane Addams. We honor her best by taking up the tasks she left uncompleted. This requires of us renewal of our faith in the ideals she cherished. It demands the courage to support unpopular causes. It requires a commitment to causes larger than ourselves. A good society is built by people who take these risks and make these investments of themselves.

DAY CARE—ONE OF THE COMMUNITY'S SERVICES TO CHILDREN

Alfreda F. Yeomans

Formerly Executive Director
Rochester Children's Nursery
Rochester, N. Y.

EVER since World War II, when day care of children was considered essential so that mothers could serve in the national emergency, communities have been trying to determine just where and how day care fits into the pattern of child welfare services. On the one hand there has been recognition that the upheaval of war brought changes in our culture. This is inevitable, whether we like it or not. Many women found they were happier, more stable people and consequently better parents as a result of their outside employment. Living cost more than it had before the war, and their contribution to the family budget was necessary to provide a standard of living with which they could be satisfied. Husbands often needed temporary help in becoming adjusted to civilian life, in completing a program of education which had been interrupted or deferred, or in establishing themselves in a new vocation. On the other hand, many people continued to believe that all mothers have a duty to remain at home to care for their children, and that leaving this responsibility to anyone else constitutes a sinful state of affairs. This difference of opinion created a dilemma which day care is now beginning to resolve.

An Important Service

In the meantime, the day care agencies themselves have been thinking about their role and have developed conviction that they have a very special kind of service to offer. The level on which they work differs from that of other social agencies, such as a counseling service, a child guidance clinic or a foster care agency. It can supplement the parents' care of their children on a part-time basis without taking over their role, while children continue to live within the framework and emotional ties of their own home. One of the basic concepts of social work practice is that family life and close family relationships are essential to healthy personality adjustment.

How day care is helping to strengthen family life and developing healthier personalities in young children.

It is recognized that a child's own home, with his own parents, is the best place for him, and that every possible means of strengthening his own home should be brought into play before another set of parents and a new home are substituted. Therefore, since day care is a service which can help to keep children with their own parents, it is bound to be a most important one. Day care agencies have come to recognize, too, that their close daily association with parents provides many of them with a needed sense of support, as well as guidance, from the day care staff. When there are serious problems requiring another kind of treatment, the day care staff is in a position to recognize them and to help parents face and meet them.

Through their close contact with many young children, the day care agencies also have learned a good deal about how children can be helped to develop healthy, happy personalities through well-planned group experience. No longer are the old practices of custodial care, when kind ladies did "good" things for little children, sufficient, since the values of nursery education have truly been proven to the agencies. These values they will not and must not relinquish.

The day care agency which is performing a child welfare service will look at itself as a member of a community team of agencies, each making its particular contribution by reason of its special knowledge and skills. Each agency has a responsibility to select the clients it believes it can help. The day care agency must recognize that it cannot and must not try to serve all of the troubled people who knock at its doors. In common with other child welfare services it will use a "casework approach," trying to understand the reasons that each parent who comes is in difficulty, and to evaluate the capacities and strengths which he or she has to meet these problems. It is now axiomatic in social work that working

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with troubled people, rather than for them, is the only way to help them develop their own ability to carry on independently. Other resources, such as those offering financial assistance, child guidance or marital counseling, may be more appropriate for some. The day care agency should not be afraid to face its own limitations.

The Day Care Agency's Clients

Traditionally the long-established day nurseries served poor people who were "in need." We still say that we are serving those who need our help. However, in our present day thinking "need" has lost the connotation of economics alone. We believe that human needs include not only food and shelter, but a sense of belonging to someone we love and who loves us, as well as acceptance as a human being in our own right. The reasons day care service is requested are more varied, and all do not involve sub-marginal income. We believe that our clients need not necessarily be without funds and we expect them to pay for the service given to the limit of their ability, up to, or in special cases even beyond, the actual cost of care.

Traditionally, also, the pre-war day nurseries served widowed or deserted mothers who went to work to support themselves and their offspring. On the face of it, this was neither good nor bad, since for some it was doubtless the best plan. Many of our clients are still employed mothers, although the proportion of those who do not work seems to be increasing. However, we now believe that a mother's plan to support her family through outside employment should involve choice rather than absolute necessity. Financial assistance should be made available so that a mother can remain at home when this is what she wants to do, or when for other reasons her employment is neither practical nor wise.

The day care agency's responsibility includes helping a mother decide what is best for her children, since their welfare is its business. Some mothers do not have the capacity to carry the two jobs of employee and parent at the same time. While no one can be absolutely sure of this in advance, casework has developed the skill to evaluate attitudes

and behavior so that there are guideposts for us to follow.

We knew a mother, with one child, who was an excellent factory worker and earned a substantial salary. Her own deprived childhood, during which she herself received little or no love from her parents, made it impossible for her to give her child the kind of love and mothering he required. We should have seen—perhaps we did recognize but refused to admit—that this child needed new parents rather than day care. Only after the child had kept late hours and run away many times did the agency face the fact that a foster care plan was what he needed. Another mother was able to give her five children adequate, loving care. It is true that she required help with financial planning, her housekeeping left much to be desired and the children could have used more frequent baths and clean clothing. But each child was an individual to her, with a place in the family which was his.

Supportive Help to Mother

Many mothers can function well over a period of time with a supportive relationship from the day care agency, when the "problem" is one with which the family presumably may have to live for a long time, or possibly forever. Both casework and teaching staff, as well as the other staff members who come in contact with the mother and children, are involved in the helping process. An illustration of this is Mrs. Welk, who has been able to provide a home for three children in spite of the many factors working against her.

Mrs. Welk's father had been hospitalized with a mental illness when she was six, and after two years she and her brother were removed from their mother's custody because she continually left them alone. In a foster home Mrs. Welk suffered a good deal of emotional disturbance, ran away repeatedly and was finally sent to an institution, where the Sister-Superior exerted considerable influence on her. Later Mrs. Welk was placed as a mother's helper in a family, with whom she developed a close emotional tie. She did not quite complete high school and has no more than average mental ability, although a good deal of manual dexterity. She is quick-tempered, emotional, unable to trust people. In her early twenties she married a man twelve years older, on whom she depended much as on a father.

There were three children in quick succession, and she was again pregnant when her husband died suddenly of a heart ailment. While he left veteran's insurance and she received Social Security payments, there was barely enough to support them, so that she supplemented her income by working nights. Her own mother joined forces with her; they argued continually, but each was dependent on the other. The grandmother was never able to control the children, although she loved them dearly. Mrs. Welk was determined in spite of all odds to make a home for her children, and in fact seemed to have an intense need to provide the home she herself had lacked. By careful planning, and with some help from her mother, she was able to purchase an old house in a fairly good section, which represented security for herself and her family.

When the youngest child was three years old, the children were entered in day care. The oldest continued until he was eleven and one-half, and the younger ones for an additional year, or over seven years in all. There was intense sibling rivalry shown, and the nursery staff had a real challenge in helping each child to feel accepted and important in his own right. With Mrs. Welk the nursery staff lived through two serious illnesses, one of which necessitated a change from heavy factory work to an office job. This was preceded by aptitude testing and a period of schooling. Such problems as the refinancing of the house, difficulties with her veteran's allotment and so on have been brought to the nursery for discussion. Her concern for the children's problem behavior, their interests, health and future all received our joint attention. Mrs. Welk feels that the day care agency has been her main support in maintaining her family's home.

Help at a Critical Time

Families with problems which are equally critical, although of shorter duration, also can receive needed assistance and support through day care service. One of these is the Lessing family: Their situation was irrevocable, but they could be helped to live with it.

The Lessings were in their late twenties, and had been married for five years. They had a daughter, Susie, who was three years old. Mr. Lessing had been hospitalized for nearly a year with arthritis and their savings were exhausted, so that Mrs. Lessing felt the only solution would be to seek employment. She was a high school graduate, intelligent and presentable, and the thought of asking for public assistance was so distasteful to her as to be out of the question. She was in great conflict over leaving Susie, and

there were a number of interviews with the caseworker before she made up her mind to do so. She entered Susie in the nursery, hiding her tears from her daughter with encouragement from the caseworker.

Susie was a healthy, most attractive little girl who settled down in the group easily, enjoying all of the activities there. The teachers noted that she cried easily and liked to be close to them or help them, but there were no real difficulties. She spent a good deal of time caring for the dolls and the other children. Six months later her father's condition had improved enough to allow him to come home, although at first he required bed rest and was unable to care for Susie. The mother continued to work in order to provide for their living.

At this point the staff noticed a change in Susie, which they readily understood. She pinched and hit and showed many other signs of disturbance. Her conversation included many strange remarks such as, "The man mustn't shoot Daddy." During this time, the teachers allowed her to act out her anxiety and anger and gave her special help and attention. Gradually, Mr. Lessing felt able to come for Susie earlier at night. He did so at the nursery's suggestion, so that Susie could be at home longer and he could spend time alone with her before her mother returned from work. After two years Mr. Lessing was sufficiently improved physically to return to work. The family life returned to normal, and Susie attended school from home. It was satisfying to find that several years later when Mrs. Lessing was again pregnant, care was requested for Susie during her mother's hospitalization and that Susie accepted this with complete self-assurance and calm.

Helping Parent Seek Treatment

At other times, the problem with which a family is suffering may be a serious one which special treatment might be able to help, although parents themselves are not ready to seek and accept it. Frequently the caseworker recognizes this during her first interviews with the parents. At such times the agency is faced with deciding whether to accept the child, with the hope that eventually the parents can be helped to seek the necessary treatment. Experience shows that rarely if ever would anything be gained by immediate insistence on the family's taking such steps, unless it was a problem which pertained to the child himself. Frequently the decision is made to try to become better acquainted with the parents and to help them move in the right direction. The

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Young family shows how the nursery was able to help in a situation of this kind.

The Young family included Peggy, three years old, her father, in his late thirties, and her mother, ten years younger. Care for Peggy was requested, so that the mother could work to supplement the father's low income. Right after college and dental school the father had entered the Armed Forces, where he served for three and one-half years as a dentist. He considered this a successful and satisfying experience. On his discharge he established a practice on his own, incurring considerable indebtedness for equipment. According to the family's explanation, this had failed miserably because of his poor location. It was obvious to the caseworker that the father had personal problems as well. A year and a half previously, he had given up his practice and found work in the tool room of a factory. On his moderate salary the family barely met their living expenses, with no hope of paying off an indebtedness of several thousand dollars. Mrs. Young felt that her working would be the only solution, although actually she did not want to work. Both Mr. and Mrs. Young expressed the thought that he eventually would go back into dentistry, although neither seemed to have a definite plan in mind for accomplishing this.

Peggy was accepted for care with the goal of helping the family to face their real problem, which was that the father needed some type of personal help, possibly psychotherapy. Although the mother talked quite freely, the father was less available for interviews because of his employment, and when seen he was inclined to be taciturn. Eventually the caseworker was able to talk frankly with him, urging him to decide definitely what he planned to do and pointing out various resources he might utilize in order to get the needed help. Psychiatric treatment was finally secured after a long wait and eventually he returned to the dental profession.

Peggy remained in day care for nearly three years, while her father was undergoing treatment and re-establishing a practice. The nursery fee was adjusted so that the family could meet the cost of the father's treatment. During this period Mrs. Young frequently came in for interviews, discussing Peggy's progress and asking support during her husband's reaction to therapy, which was hard to live with. Peggy herself showed marked growth and improvement during her stay, and seemed to benefit from the group experience. At first, she was a shy child, fearful of loud noises, anxious to hold an adult's hand tightly and always asking the teachers' help. Her coordination was good and she enjoyed creative art work as well as the

doll corner, where she delighted in dressing up. The parents seemed to place a good deal of emphasis on perfection and Peggy reflected this. At the end of her three years' stay she was described as a completely different child, more active and out-going and unusually cooperative. Peggy's welfare seemed to have been helped directly through the group experience as well as through the changes in her home.

A Therapeutic Kind of Service

Day care agencies also have become acutely aware that they can offer a therapeutic kind of service to children who are affected by problems within their home for which there probably is no solution. For such a child this day care experience may be the only one he has at this important time of his life with calm, consistent adults. Also, the tensions in a home may be eased to the point where a parent may be able to function with less strain during the child's hours at home. This is therapeutic in itself. Other community agencies, as well as many pediatricians and child psychiatrists, have become increasingly aware of the day care center as a valuable resource and have referred many such children for "nursery school" experience.

Unfortunately many nursery schools are filled to capacity a year ahead, or do not feel they can cope with the difficult behavior of both these children and their parents. Usually they do not have casework staff to assist in dealing with parents, and teachers are not equipped by training, nor do they have time, to deal with very troubled parents. In addition, their operating schedule is shorter—frequently only a few days a week or a few hours a day—so that the time which a child can spend away from home is not quite long enough to meet his needs. This implies no criticism of nursery school practices, since their objective is education rather than social service. Day care must and can be more flexible in the light of its purpose.

The Zeller family illustrates how this kind of problem may be helped by a day care agency:

The Zellers are a couple in their late forties. They had two sons, the older one eighteen years older than the younger, Tommy, who was four and a half. The parents had not expected to have a second child. The father, particularly, had

invested a good deal of his affection in his first son, plus a considerable amount of money on the education which the father had always wanted for himself. At twenty-two, this son was still being helped by his family financially in working for an advanced degree. The Zellers lived in a modest home which was willed to them with the understanding that Mrs. Zeller would care for her elderly invalid mother during her lifetime. In addition to her physical disability, Mrs. Zeller's mother seemed to be somewhat senile, which aggravated the tension in the home. To Tommy she was more of a sibling than a grandparent.

Both parents had overprotected and indulged Tommy. Although he was a healthy baby, he had some difficulty with toileting and a good deal of emphasis was placed on this. Also, he frequently was urged to eat, usually more than he wanted. For more than a year Tommy had been keeping the household in a turmoil by waking up at night about 2 or 3 o'clock and remaining awake until 7 o'clock in the morning, laughing and talking and keeping the rest of the family awake. On the advice of their pediatrician and in despair, they had taken Tommy to the child psychiatrist who had recommended nursery school.

Tommy cried a great deal at first on leaving his mother. He appeared anxious and tense, afraid of the outdoors and of birds, afraid to get dirty and upset when he could not do things the other children could. He seemed to have a good deal of fantasy life. At first he was inclined to remain near the teacher although the other children liked him and accepted him in their play. A psychological test indicated that he had average intelligence, although he was emotionally infantile. On the whole Tommy improved a good deal and his adjustment was satisfactory, although he continued to function at a lower level than his actual years.

The day care caseworker spent considerable time with Mrs. Zeller. For the first few days Mrs. Zeller remained with Tommy, and after that she required a good deal of support in order to leave when he cried. Later Mrs. Zeller needed the caseworker's support in continuing to bring Tommy, since her husband seemed to consider it an unnecessary expense. Although Tommy began to sleep all night immediately, there were times when he again was wakeful and this discouraged the parents. They required help in understanding that there would be times when Tommy might slip back into his old ways. On the advice of the agency's psychiatric consultant the caseworker tried to make Mrs. Zeller feel that she was sharing in the agency's efforts to help Tommy lest she feel inadequate and unable to handle him

herself. Special care was taken not to become involved in a discussion of the underlying reasons for his behavior, which the psychiatrist felt Mrs. Zeller could neither understand nor accept.

These case illustrations are only a few of the many which could be offered of the way in which day care is helping to strengthen family life and to develop healthier personalities in young children. It takes the skills of social casework, education and health working together to create this service and communities should be helped to recognize their responsibilities to provide them. For a long time now day care has been permitted only a back seat when it comes to community attention and support. It has been low man on the totem pole, low on the list of community fund "priorities." Those of us who have actually seen what day care can do for children have an obligation to share this knowledge and conviction with our "public." We know we have something special to contribute to the child welfare team, in a society which needs to utilize all of the skills available, all of the means possible, to make it a healthy, productive and peaceful one.

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THE RELATIONSHIP OF A STATEWIDE AGENCY TO COMMUNITY CHESTS

Clyde Getz

Executive Director

Children's Home Society of California

THE recent Child Welfare League of America study of foster care in nine communities throughout the country¹ should serve as a stark reminder of what can happen to children and their family relationships when inadequate staffing and financing of children's services are allowed to go unchallenged. In a period of expanding population and needs, many voluntary agencies are facing what they consider to be the inevitable choice between further limiting an already seriously restricted program or lowering their standards of service in order to meet increasing needs. The question is whether either alternative is necessary, if initiative and autonomy are exercised and the story of the needs of children is carried courageously and imaginatively to the public.

The Children's Home Society of California, a statewide adoption agency, historically depended largely upon income from mail solicitations to finance its activities, although it also maintained membership in a few Community Chests. As the number of different campaigns multiplied, the Society faced the frustrations associated with decreased income through its solicitation efforts. From the close of World War II, a steady decline in income resulted from this method (from \$231,000 in 1945 to \$129,000 in 1952). However, the Society experienced two important developments in other methods of financing during this period: an increase from approximately \$6,000 to \$48,000 in income from its auxiliaries and from \$37,000 to \$78,000 in Community Chest allocations.

Increased Chest Participation

Partly because of this and because of the strong trend toward federated giving, together with the Society's belief in the principle of federated financing, it was decided to place

less emphasis upon our own solicitation activities and to intensify efforts toward participation in more Community Chests wherever this seemed mutually advantageous, particularly since approximately 80 percent of the state's population resided in areas covered by local Chests or Funds. It was believed that funds from this source would be more dependable, could be budgeted with greater accuracy, and would produce more income needed to help finance the growing needs.

We realized that some degree of responsibility and control is inherent in financing of services in this way, since the Chest must satisfy itself that the standards of services and management of the agency are adequate to assume maximum benefits from the funds allocated. However, since needs for the Society's services had been definitely established through study by citizens' groups, and since as a statewide agency it would receive help from several Chests rather than be dependent upon any one particular Chest for its support, the prospects of control of the Society's budget, program planning and service commitments to the clients it has been set up to serve were not considered to be too serious. We had every confidence in our ability to retain the Society's autonomy.

In this connection, the Society's board of directors had deep conviction that an active membership is not only important in maintaining interest in, and providing maximum use and development of, the Society's services throughout the state, but that a strong membership and auxiliary program affords invaluable protection in case a Chest is unable to meet its obligations. Participation in a Community Chest was made contingent, therefore, upon the ability of the Society to continue its membership and auxiliary programs. The board was confident that if the agency acted in good faith, both activities could be carried out

¹ See Henry S. Maas and Richard E. Engler, *Children in Need of Parents*, Columbia University Press, N. Y., 1959.

in a way which would meet with the approval of the various Chests and be mutually acceptable. It was agreed, therefore, that memberships would be limited to the amount set by the various Chests of which the Society is a member,² and that membership and auxiliary fund-raising activities would be timed so that they would not conflict with Chest campaigns in such areas. Since the Society has tried to exercise good judgment in the number of solicitation letters sent to any given area in which it is a member of the Chest, and clears the wording of each appeal with the Chest before mailing, this plan has presented only occasional problems in relationship with the Chests.

In only one instance in recent years has it been necessary to withdraw from a Chest because of its insistence, following approval of participating membership by the agency, that our membership and auxiliary activities cease. However, within a year an invitation was extended to reapply under the policies specified by the Society's board. Some Chests see memberships as a means of bringing about greater participation in the work of a Chest agency, and auxiliaries as a new source of volunteer workers in their campaigns.

Children's Home Society's membership in federated financing organizations has grown from five Chests in 1952 to twenty-six Chests and Funds in 1960, and relationships generally have been good. The Society believes the principle of federated financing is sound, but financial support received for its statewide program has been disappointing. There are several reasons for this.

Practical Considerations in Financing

Community Chests themselves have been caught in a web of diverse efforts which have caused many people to look upon them as just another campaign, and they, too, have faced frustrations growing out of their inability to increase allocations in keeping with increased costs and population growth. Where United Funds have been organized to meet the problem of multiple campaigns, they sometimes have been little more successful than Chests

² These have ranged from \$1.00 to \$10 depending upon the regulations of the particular Chest.

in this respect. They have raised more money, but commitments to national participating agencies have frequently been such as to leave little or no additional money for state or local agencies.

Where money has been available for local agencies through Community Chests or United Funds, agencies providing basic services to families and children have received only slight increases, since they do not have eye-catching programs and cannot show as large statistics as youth agencies and some other organizations. For example, records of the United Community Funds and Councils show that allocations to youth agencies, such as Boy Scouts and Girl Scouts, increased approximately 70 percent from 1951 to 1957, but those to nonsectarian family and children's agencies increased less than 30 percent, thereby threatening already inadequate services of these agencies in an era of rapidly growing needs. In many smaller communities, the Chests which are in operation exist primarily to serve youth agencies and have little funds available for statewide or local casework programs.

As a statewide agency, the Children's Home Society has sometimes faced the problem, also, of whether it is advantageous to accept a nominal allocation from a small Chest in an outlying area, knowing that the time and expense involved in carrying out its responsibilities as a member agency might approximate the amount received. Since support of voluntary agencies covering the entire state is the responsibility of large and small communities alike, a few states have seen statewide fund-raising organizations as a solution to the problem. However, the idea has not flourished and the number of states having such organizations has declined from fifteen states in 1953 to eleven in 1957.³

In California, our problem has been further compounded by the explosive population growth. In the seven-year period from July 1, 1952 to July 1, 1959, growth in the state's population has been one-sixth that of the entire country, increasing an average of approximately 500,000 a year—an increase of

³ Wayne McMillan, "Financing Social Welfare Services," *Social Work Yearbook 1957*, National Association of Social Workers, p. 266.

29 percent of 13 percent?

Meeting

Being in need of independent help of agencies of responsibility not serve, closely with Believing must be a through the needs of the established agencies.

The Society has now in twenty centers of fifty-eight services. It of public combined adequate increased growth. to reduce placement. Chests a member needs and has encouraged growth in

The Society its responsibility for continued growth did not depend on the available resources upon our interest.

29 percent compared with a national increase of 13 percent. What, then, has been our solution?

Meeting the Problem

Being keenly aware that far more children in need of adoption were being placed through independent channels than were receiving the help of agencies, and feeling a strong sense of responsibility to the children whom it could not serve, the Children's Home Society worked closely with both state and county officials on joint planning for adoption services. Believing that provision of needed services must be a shared responsibility and that only through pooling of thinking and resources can the needs of children be met, we have urged the establishment and use of public adoption agencies.

The State Department of Social Welfare has now developed public adoption programs in twenty counties, covering most of the large centers of population, but thirty-eight of the fifty-eight counties have been without public services. Even with a large increase in services of public and private adoption agencies, their combined facilities in the past have been adequate to do no more than keep pace with increased needs associated with population growth, thereby providing little opportunity to reduce the number of independent adoption placements. In the face of this, both the State Department of Social Welfare and Community Chests and Funds of which the Society is a member have been concerned over unmet needs and the state department, particularly, has encouraged the Society to extend its services wherever possible, along with increased growth in public adoption agency programs.

The board of directors of Children's Home Society courageously and confidently accepted its responsibility for increasing services to additional children depending upon it, and for continuing to encourage greater development of the public adoption agencies. At no time did our board fail the children who are dependent on the Society's services by accepting the verdict that financial support was unavailable. The challenge was met by launching upon an aggressive plan for expansion of our interpretation, auxiliary and bequest

program, increasing fees for adoption services,⁴ presenting needs more forcefully to Community Chests and Funds, and using capital funds where necessary to fulfill service obligations.

The result is that in the seven years from 1952 to 1959, the Children's Home Society's program throughout the state grew from eight to thirteen offices, adoption placements increased from less than 400 to over 840, and the budget increased from \$470,000 to \$1,080,000. Of this increase, only \$100,000, or 17 percent, has come from Community Chests; \$155,000, or 26 percent, from the Society's 150 auxiliaries throughout the state;⁵ \$277,000, or 46 percent, from increase in service fees; and the balance of \$78,000, or 11 percent, from miscellaneous and capital funds.

Much of the expansion has been in areas where the Children's Home Society is not supported by Chests, but there has been some expansion in Chest areas, also. Since Chest support has been on a deficit financing basis, and since such expansion has been financed through new sources of funds, it has sometimes involved little or no increase in budget requests. Therefore, Chest officials, concerned over growing community needs, have seen the value—both to the Chest and to the additional children and families served by the agency—of using new non-Chest money in this way rather than requiring that it be used to reduce the basic allocation to the agency.

Conclusion

In general, therefore, our experience at Children's Home Society, as a statewide agency dealing with many individual local Chests and Funds, is that allocations from such fund raising organizations are invaluable, but inadequate alone to meet service commitments. Therefore, an agency which relies primarily upon such funds for its support is frequently doomed to a static or declining program despite growing needs. Nevertheless, we believe that the partnership between an agency and federated financing bodies can be

⁴ Increased adoption fees from \$400 to a maximum of \$550.

⁵ The total income from auxiliaries now exceeds that of all the Community Chests combined of which the Society is a member.

helpful to both organizations and to the community if:

It has been demonstrated that the agency, encouraging and working with public agencies, has a continuing and vital role in meeting urgent unmet needs.

Both the agency and the Chest try to carry out their responsibilities as partners in the federated fund program and maintain a sympathetic and understanding attitude toward each other's problems in meeting community needs.

The agency has the strength to exercise its autonomy and the initiative, imagination, determination and resourcefulness to develop independent sources of income in a way which the Chest can find acceptable.

Both the Children's Home Society and the Chests and Funds with which it is affiliated have found that nominal memberships and auxiliary activities can be carried out without harm to federated financing if based on careful understanding and planning, and that members of auxiliaries can be most helpful in enabling the agency to fulfill its obligation during the Chest or United Fund campaign. It has been our experience also that Chests and Funds with which we are associated share the agency's concern over unmet community needs. Therefore, when expansion has been financed through increase in service fees and other non-Chest income and has been adequately explained to the Chests, the result has been greater services for the children needing the help of our Society.



NEW BOARD MEMBERS

The League takes great pleasure in introducing our new board members.

Milton E. Bell, vice president of Abbot, Kerns & Bell. Formerly president of The Boys and Girls Aid Society of Oregon, he is now consultant to the board of that agency and a board member of the Fruit and Flower Day Nursery, Portland.

Louis L. Bennett, executive director of the Jewish Child Care Association of New York. He is a board member of the Community

Council of Greater New York, a member of the Citizen's Committee for Children of New York City and of the Child Care Committee, Council of Jewish Federations and Welfare Funds.

Mrs. Lawrence S. Fletcher, board member of the Council on Social Planning, Alameda County, and of the United Bay Area Crusade. She was formerly president of the Children's Foster Care Services, the Family Service Agency, and the Junior League of Oakland.

Mrs. Ben W. Heineman, board member of the Chicago Child Care Society and the Chicago Federation of Settlements, and a member of the Protective Services Reviewing Committee, Chicago Community Fund. She was formerly, for seven years, a medical social worker in Chicago.

Mrs. Roy A. Hunt, Jr., board member of the Family and Children's Service, Pittsburgh. She is a member of the Mayor's Commission on Human Relations, the Citizens' Assembly of the Health and Welfare Association and other health and welfare agencies.

Robert M. Landis, partner in the law firm of Barnes, Dechert, Price, Myers & Rhoads. He is president of The Children's Aid Society of Pennsylvania, a board member of the Pennsylvania Citizens' Association, and a member of the Children's Division Advisory Committee of the Health and Welfare Council of Philadelphia and Vicinity.

Mrs. Mary Lawrence, executive director of the Jewish Children's Bureau of Chicago. She is a member of the Advisory Board, Children's Division, Cook County Bureau of Welfare; the Committee on Mental Health Resources for Children, Mental Health Society of Greater Chicago; and the Committee on Differential Payments, Illinois Committee on Child Welfare Legislation.

Mrs. Gardiner Symonds, board member of DePelchin Faith Home and Children's Bureau, Houston, Texas.

B. A. Tompkins, director and member of the Executive Committee, formerly executive vice president, of the Bankers Trust Company, New York, and director of many leading business firms. Formerly president of the Children's Village in Dobbs Ferry, he is now a director of the Henry Street Settlement.

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PUBLIC WELFARE AND THE ADC PROGRAM IN NEW YORK STATE*

Jack L. Roach

Casework Consultant
New York State Dept. of Social Welfare
Albany, New York

*A report on experimental programs for
treating the increasing number of complex
cases in public assistance.*

RECENT years have witnessed an appreciable upswing in the extension of services in public assistance; a number of states have set up special casework programs. Some projects have been aimed at determining the extent of need for special services and how the need can be met. Others, such as those launched in Minnesota and California, have become permanent features of their public welfare departments. These special programs have commanded nationwide attention; they reflect the growing recognition of the need for individualized services in public assistance.

This movement has been spurred by the passage of the 1956 "services" amendment to the Social Security Act, which called for description by the states of the services available in their public assistance programs. All states are now doing a critical evaluation of existing resources and planning for their expansion on a statewide basis.

These developments reflect a long-term trend in public assistance toward incorporation of social casework philosophy and methods. However, this process has been accelerated by the rapidly changing make-up of public assistance case loads. The expansion of Old Age and Survivors Insurance has appreciably reduced the size of the Old Age Assistance case load. Along with this, there has been a steady rise in the ADC category, which is now aiding the largest number of assistance recipients. Of even greater import, the ADC program is becoming increasingly comprised of complex, problem case situations. This too reflects the impact of the broadening coverage of social insurance.

This is the national scene. In New York State these case load trends have been even more pronounced, and the challenge they present is correspondingly formidable. Speaking at a recent conference of the APWA, Miss Margaret Barnard, Director of New York State's Bureau of Public Assistance, said about the ADC case load—

"Most of the socially acceptable mothers of dependent children have moved over to insurance coverage, and we have remaining on public assistance those who are divorced, separated, deserted, or unmarried, with the fathers not supporting. We wind up with an ADC case load filled with all the social and economic problems that the community wishes to push under the rug. Because of this community disapproval, workers and clients alike are under great pressure."

The full significance of this picture can be appreciated when we note that ADC recipients now represent well over half of the 500,000 persons receiving public assistance in the state.

A sizable proportion of complex cases is not a new phenomenon in public assistance case loads. Public welfare in New York State has long been concerned with the physical, social and emotional problems of recipients which contribute to dependency. Within the limits of staff, available resources and time, the value of a variety of case services has always been recognized and supplied. The 1956 Social Security Act amendments, focusing as they did on "services," stimulated New York to do some basic stock-taking of these features of its public welfare program.

Since adequate services hinge on the general competence of staff, the department for many years has utilized a variety of methods to increase the skills and effectiveness of its

* Given at the CWLA Eastern Regional Conference, Philadelphia, on February 5, 1960.

personnel, especially those involved with case handling. A core group of educational programs is directly under the auspices of the State Department. The programs include the annual public welfare institutes at Cornell University, the Utica Orientation Center for new workers, and the many special institutes held the year round, in which state and local staff members participate.

The state has also provided leadership and encouraged local agencies in their own staff development facilities by providing consultants and training materials, and by promoting educational leave programs which enable agencies to send workers for graduate social work training. The state has recently made available a sizable number of public assistance training scholarships. Recruitment drives for better trained personnel and increased promotional opportunities have been additional avenues for staff improvement.

A number of recently developed fact-finding and action programs have given particular emphasis to services in New York. Some of these endeavors bear a direct relation to the ADC program; others are pertinent in that their focus is the low income, large family segment of the population of which the ADC group is a significant portion.

I shall describe some of these undertakings which the State Department of Social Welfare has sponsored directly, has participated in with other agencies, or has had active interest in because of their significance for the public welfare programs. This listing does not cover all of the relevant endeavors. Those I have selected are intended to illustrate the variety of developments that have been taking place.

Fact Finding and Action Programs

Several of these activities stemmed from the recommendations of the New York State Interdepartmental Committee on Low Incomes, which was formed in 1957. Its goals were to make a broad study of the characteristics of low income groups in the state, and to lay the basis for long-range research, planning and action which would entail coordination of public and private facilities at the state and local levels. The committee sponsored a series of surveys to evaluate the ex-

tent and nature of the low income problem. It was also directly involved in the operation of a Community Development Program in Oneida County and lent strength and support to the Department of Social Welfare's Casework Specialist Project, which will be described in the latter part of this paper.

The Oneida County program, a joint local and state undertaking, was initiated in early 1958 under the auspices of a widely representative Community Committee of Oneida County, and was supported by a number of cooperating state agencies. Its general purpose was to demonstrate that state programs and available community resources can be coordinated to help families achieve improved self-sufficiency. The Department of Social Welfare was heavily involved in this endeavor since the focus was on multi-problem families, most of whom were relief recipients.

All community agencies to which a family was known met and pooled their information. After the situation had been evaluated, treatment goals were established and the major responsibility assigned to one agency. After an interval, a progress report was made and again an agreement about next steps was arrived at. Not only did the families profit in shorter time from this total planning but the agencies involved—social, employment, education, rehabilitation and health facilities—gained more understanding of each other's services and limitations.

Several local public welfare departments, on their own initiative, have also been experimenting with special service programs. These have been carried out with the support and encouragement of the state.

The Schenectady County Department of Public Welfare has developed a promising method of helping multi-problem families in conjunction with casework services ordinarily offered by the agency. Their Visiting Family Aid Service has been in effect since July 1958. A warm, outgoing licensed practical nurse works right along with mothers who are referred to her by their public assistance caseworkers, on problems of food buying and preparation, house cleaning, purchase and care of clothing, and income management. With her help an appreciable improvement in home-making has been achieved, even where stand-

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ards were so low that removal of children had been contemplated.

In Monroe County an evaluation is now under way of the findings of a pilot study which utilized a special casework service unit. In the New York City Department of Social Welfare, an approach known as the Service to Families and Children Unit has been in effect for the past several years. Through this unit the agency works closely with the Youth Board in reaching multi-problem families, which contribute so heavily to the delinquency problem in that city.

Experimental Family Casework Program

The remainder of this paper will be concerned with an account of the Casework Specialist Demonstration Project conducted by the State Department of Social Welfare. I am devoting more time to this aspect of the state activity for several reasons. First, the project, originally conceived as an experimental study, has led to a permanent family casework services program. Secondly, it is an undertaking in which I have been actively involved since its inception.

As part of the renewed focus on services, a two-year pilot study was initiated in April 1957 to demonstrate the effectiveness of services given by trained caseworkers to selected families receiving public assistance. It was hoped that the skilled help provided would build on the inherent strengths of family relationships, and thus lead to a greater economic independence when possible, and to a better over-all family functioning.

The project was carried out in the local offices of two county departments of public welfare.¹ Since case load make-up, working operations and basic findings were generally similar for both divisions, I will give a composite picture, drawn from the two final reports.

Over a two year-period, the project served a combined total of 193 families. Of these,

two-thirds received ADC and most of the rest received general assistance. For the most part these families were already active in the agency, with a history of long-term or intermittent relief. A few came directly from intake. These were largely families with a beginning chronic dependency.

On the whole the project dealt with a young group. Over three-fourths of the heads of families were under forty years old and nearly one-third were under thirty. In approximately 40 percent of the cases both parents were in the home. The remainder represented incomplete households, stemming principally from unmarried parenthood (one-fifth of the total cases), separation, divorce and desertion.

Since the project dealt mainly with young families, the average number of children was three, somewhat less than the usual ADC case load. There were, however, twenty-seven cases with six or more children. With a few exceptions the children were under twelve years old.

This case load reflected severe, chronic disturbances in virtually all aspects of socio-economic and personal functioning. A total of 829 problems were identified in these 193 families, roughly an average of four per case. The problems fell into five major categories—personal and familial maladjustments, economic, health, child care and living conditions. Few families exhibited trouble in only one category; over one-fourth presented difficulties in all problem areas.

In both divisions a definite procedure for referral of cases was established. Regular staff had been informed beforehand about the objectives and the kind of cases desired. Although we used no rigorous set of selection criteria, some fairly concrete guideposts which were developed at an early point helped in the referral and evaluation of appropriate cases.

While specific case handling—that is, the actual techniques used—often differed in the two units, the broad framework determining how clients and their problems were perceived and dealt with was very similar. The following four points indicate the guiding orientation:

Focus on the total family.

A slow process of help beginning with the most evident needs, and with limited and flexible goals.

¹ In Westchester County, a suburban area of New York City, a unit was established which operated as a separate district office with a supervisor and four trained caseworkers. In Niagara County, also a metropolitan area, one trained worker carried a case load under the supervision of the agency's chief case supervisor. I was the caseworker in this phase of the project.

Recognition of the importance of concrete services for themselves and for establishing a relationship through which more intangible problems might be resolved.

An underlying objective of gradual return to self-direction.

The belief that change could best come about through adherence to generic social work principles within the context of a strong casework relationship played a direct role in case load management and the general approach. For example, case loads averaged between twenty-five and thirty families; frequent, scheduled interviews were made only by appointment; an accepting attitude was seen as imperative; and participation by the client in planning was actively encouraged.

The following ADC case will illustrate the frame of reference in which case problems were seen and handled. The central concern in this case was employment of the mother. This is an aspect of the ADC program which is a controversial subject for the general public, and often engenders mixed feelings in professional ranks as well.

Mrs. Arnold, legally separated from her husband, was determined that as soon as possible she would support herself and her two children, aged four and twelve. To Mrs. Arnold getting a job did not in itself seem an undue difficulty. Since she was relatively young and had had some stenographic experience in the past, this appeared to be a fairly open and shut situation; the client desired to work and a job could probably be found. However, the case was carried in the project much beyond the point when the client might well have returned to work on her own.

Two major factors accounted for my "holding her back." First of all, Mrs. Arnold had only the sketchiest notion of how her children were going to be cared for. A neighbor whom she knew only casually had offered to "look in on them." This was a vital point, since both children had been showing signs of emotional troubles. The four-year-old kept expressing fears that his mother might leave him; his older brother seemed to be on the verge of delinquent behavior.

A second crucial consideration was Mrs. Arnold's health. She had recently undergone surgery which, although not of a major nature, had left her in a weakened condition. Her physician too was concerned about her job plans, but his attempts to dissuade her from such a step for

at least several more months were of no avail. He predicted that she would end up with a chronic health disorder, if not incapacity.

Getting at Basic Family Problem

Such information, gained with Mrs. Arnold's knowledge, was used in discussing with her the possible consequences of her plans. Through these meetings, some of the heavy burden of anxiety which was propelling her along such a hazardous path was gradually lifted, and she was able to evaluate her circumstances much more realistically and make longer range plans.

The problem of caring for the children was solved with the assistance of a close relative, who previously was ruled out as a potential resource because of minor frictions between her and the client. Mrs. Arnold was encouraged to approach her, and they were able to resolve their differences. This proved to be a good move for the four-year-old, who was especially fond of this relative. With regard to the older child, a close working relationship was established with a school guidance counselor, who took the boy under his wing. The boy's behavior improved noticeably.

Mrs. Arnold was able to locate a good office job a few months after these steps were taken. By that time her health had improved and the difficulties with the children were being resolved. Six months after the case was closed, we found that the family was not only functioning independently as an economic unit, but had been strengthened in an over-all sense.

Should Self-support Be a Goal?

The greater proportion of the ADC parents in the project did not have the basic potential for self-support which Mrs. Arnold had. This was especially true of the women with children born out-of-wedlock. Few of them possessed much of any job background or skill; most were in rather poor health; and generally there were several young children for whom adequate child care could rarely be found. In such cases a goal of self-support, although not ignored, could not be seen realistically as an immediate, central objective. These families were accepted in the project mainly to help the mother carry out her difficult task of managing a home and rearing

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children in the face of discouraging handicaps. Special care was taken in this kind of case to avoid the pitfall of coming to see employment for an unmarried mother as a *reasonable goal*, although *objective reality* indicates that it might produce more harm than good.

Faced by pressures from various sources—community ire, personal exasperation, and the growing feeling that something simply has to be done—workers often become convinced that a job for the mother is the only solution to a chronic out-of-wedlock situation. Presumably, the underlying thought is that perhaps hard work will sufficiently occupy the mother so that the wish or need for illicit relationships might diminish. Despite sincere intentions, the chances are strong that such an approach will only intensify the problem. Unequal to the additional burden of being the breadwinner, these women tend to be even less able to carry out their basic responsibilities of child and home care when they are employed.

Some cases of this nature, active in the project case load, were approached in terms of a long-range plan for possible employment of the mother. Even in these situations, however, the main casework help was directed to such troubles as child care, home management, and where appropriate, help to the mother with her personal problems. It was firmly felt that proceeding in this way would provide the best bridge, in the long run, to an objective of future self-support.

There is room for only a brief review of project results. As just described, the goal of self-support was seen in relation to other stresses in family functioning. Consequently, movement toward economic self-sufficiency was usually based on concurrent or prior changes in related problems. Using this framework for case handling, roughly one-third of the 193 families carried were helped to return to complete economic independence. Another third of the remaining family heads became partially self-supporting, or took definite steps toward improving their employment potential.

An evaluation and description of the case movement attained in the broad area of strengthening family life is considerably more

difficult, since it rests so heavily on subjective appraisal. Yet even here, certain tangible improvements were noted, especially in such problem areas as home management, health, and child care. Visible progress came about in over three-fourths of all cases where these troubles were centrally involved.

Because of the large proportion of ADC families carried, problems in the area of child care assumed particular significance and were accordingly given close attention. The changes occurring in many of these cases gave hope that the children, being less encumbered by the handicaps that contributed to their parents' dependency, would perform more adequately in life when they reached adulthood.

With less tangible as well as more deeply entrenched troubles such as marital and personal maladjustment, the results achieved were much more limited. Of the approximately 160 cases exhibiting difficulties of this nature, about half were rated as somewhat improved.

Summary

Fairly limited goals were set and achieved in the majority of cases over a relatively long time span. The best gains were in concrete problem areas. There was an appreciable improvement in family functioning for the case load as a whole.

As an active pilot study the state project ended in April 1959, two years after its beginning. One of the original underlying hopes was that the project might develop a nucleus of personnel to promote family casework services in local agencies. Encouraging moves have been made in this direction.

In July 1959 two permanent positions were created at the level of field supervisor. (I am one and Mrs. Elizabeth Russell, a former faculty member of the New York School of Social Work, is the other.) The two counties which participated in the state project are now proceeding with special units of their own, and the services of the consultants have been made available to them. Several local public welfare departments have begun to experiment with other modes of carrying out a casework services program. Two counties, for example, are trying out a system whereby each public

assistance caseworker selects one or two cases from his load to which more individualized attention will be given. The consultant will help with evaluation, setting of goals, and giving further assistance as needed. Several agencies are using the consultants for help in evaluating selected aspects of their casework services. The consultants have also become an integral part of the general training program, through their participation in the seminars and institutes held regularly by the State Department.

These developments, all in beginning stages, represent one major line of approach by the State Department of Social Welfare to the increasing proportion of problem cases in public assistance.

I have emphasized steps that are being taken in New York to meet the needs of those receiving aid under the ADC program. However, the general assistance program is similarly changing into a multi-problem case load.

As we know, the ADC program contains a concentration of problem-ridden cases. The truly sobering thought is that—like an iceberg—the ADC case load represents only the most visible portion of a much larger and perhaps more threatening base of low income, marginally functioning families.



New League Member Agencies

By vote of the Board of Directors, the following agencies were admitted to full membership in the Child Welfare League of America in June 1960:

Children's Aid Society
10427 Detroit Avenue
Cleveland 2, Ohio
S. A. Mandalfino, Administrative Director

Family & Children's Service of Greater Kansas City, Missouri, Inc.
417 East 13th Street
Kansas City 6, Missouri
J. R. Majors, Executive Director

Josephine B. Baird Children's Center
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Special Institute Proceedings:

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Dr. Susanne Schulze—75¢ per copy	
10-19 copies 60¢	
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THE PROBLEM OF REJECTION OF ADOPTIVE APPLICANTS

Howard G. Aronson, M.D.

Consultant to the Milwaukee Psychiatric Services, the Chicago Child Care Society and the Mental Health Centers, Chicago

A discussion of feelings which applicants and workers experience in the rejection process, the role the ego plays in this process, and how awareness of these factors can facilitate the task.

PARENTHOOD is an experience which is highly charged with emotion. This applies equally to those parents who expect a child of their own and to those who apply for adoption. It applies to those who are in good mental health and to those who are emotionally troubled. With adoptive applicants this is further complicated through the artifact that makes adoption necessary and which involves, among other things, a social agency and the adoption worker. Emotions are further heightened when couples are to be rejected for adoption.

If the best interests of the client are to be served, the worker engaged in adoption work must first of all understand the motivations for adoption. He must also be sufficiently free to deal with the reasons for rejection delicately and in a way that is appropriate to the individual situation.

It is our policy that the agency should call in every couple whose application is to be rejected and discuss the reasons for rejection in a personal interview. One important reason for this practice, in preference to sending a "not acceptable" letter, is that the prospective parent does not know when he comes to the agency that he may *not* be asking for a child: that is, that he may be presenting something that is unconscious or preconscious to him, and that he has little or no awareness that he will be observed on both conscious and preconscious levels. Since it is a "law of nature" that couples should reproduce, the prospective parents usually feel they are doing something that belongs to the normal growth processes of life when applying for a child. When so basic a function as a normal biological phenomenon is threatened by the agency, the prospective parent to be rejected needs casework support.

A personally disciplined, knowledgeable approach based upon a perceptive diagnostic appraisal of each parent will be of use to the adoption worker in his assignment. I have suggested such an approach in an earlier paper¹ and will not elaborate upon it here.

The Knowledge Workers Need

It is equally important that the worker know something about himself and his own feelings in dealing with adoptive parents. The literature contains significant contributions to the understanding of both the adoptive parents and the feelings of the worker engaged in adoptive work. Bernard has evaluated carefully the total agency adoptive process, describing motivations for adoption and the feelings of the worker in rejection of adoptive applicants.² Phipps, drawing conclusions from her observation of adoptive parents and their children in a child guidance clinic, has discussed unconscious motivations yielding unfavorable placement results.³ Josselyn has given valuable insight into the understanding of motivations involved in foster placement.⁴ Clothier discusses neurotic patterns in workers which result in conflicting loyalties to natural parents, adoptive parents, the child, and the agency.⁵ McCleery suggests that projection in the worker is lessened as speculation

¹ Howard G. Aronson, "Evaluating Adoptive Applicants," *CHILD WELFARE*, February 1955, pp. 1-6.

² Viola W. Bernard, "Application of Psychoanalytic Concepts to Adoption Agency Practice," in *Psychoanalysis and Social Work*, ed. M. Heiman, International Universities Press, N. Y., 1953.

³ P. Phipps, "Adoption: A study of the problems involved in child guidance cases, from the viewpoint of a psychiatric social worker," *Mental Health*, London, 1953, Vol. 12, pp. 90-107.

⁴ Irene M. Josselyn and Charlotte Towle, "Evaluating Motives of Foster Parents," *CHILD WELFARE*, February 1952 (No. 2), pp. 3-9, 14-15.

⁵ Florence Clothier, "Adoption Procedure and the Community," *Mental Hygiene*, April 1941, pp. 196-209.

is replaced by knowledge.⁶ Michaels concerns herself specifically with the issue of rejection of adoptive applicants.⁷ She stresses the importance of helping the parents to withdraw the application, suggesting means of conveying respect for himself to the client and of helping him relieve his sense of failure.

Amongst the many possible motivations warranting rejection of an adoptive application, I shall mention a few: the presence of advanced physical or severe mental disease (psychosis); an overemphasis on prestige; the wish to replace a lost child; the need for a child as an outlet for unconscious hostility; the hope to improve one's own health through adoption, often heightened by a doctor's advice; or the compliance with social pressures.

Today, in adoptive practice, the selection of the child does not present the major problem. Unless gross physical or mental defects are discovered, we assume that the child is "normal" and in the hands of capable parents will make a good adjustment. It is more difficult to find the "normal" parent. What is he or she like? Is it the mother of four in *Room for One More* who, finding a delinquent child on the street, cannot resist the impulse to take him home and give him long-term care and shelter, putting her own family at a disadvantage? Is it the mother who slaves for her family all day long and who has long since ceased to set aside time for her own needs and desires? Where do we draw the line? What are our criteria for selection? And further, what do we do when in our contact with adoptive applicants we come to the conclusion that approval of their home is inadvisable?

The answer to these questions lies, of course, in knowing something about human behavior, having a knowledge of others which is illuminated by some insight into ourselves.

Assuming that we have some ideas as to how we acquire, by life experience and by

⁶ Sarabelle McCleery, "The Adoption Worker's Role and His Personality in the Professional Adoption Process," *CHILD WELFARE*, October 1952, pp. 3-7.

⁷ Ruth Michaels, "Casework Consideration in Rejecting the Adoption Application," *Journal of Social Casework*, December 1947, pp. 370-376.

academic training, some of the essential knowledge that goes with adoption service, how does this help the worker, especially when he is confronted with parents whose application he has to reject? Even the psychiatrically untrained worker can add to his understanding of people by paying more attention to the everyday phenomena of human behavior, and can put this knowledge to good use in his work with adoptive parents. Formal training adds immensely to these native skills.

At this point, I would like to introduce some theoretical material of a more technical nature. First, I shall give three very brief sketches of adoptive parents whose applications had to be rejected, and a discussion of how the worker actually handled the rejection. This will be followed by some theoretical comments.

Mrs. Young, thirty-five, came to the interview plainly dressed, with no makeup and hair windblown. She said she was "willing to go through the study because our character will hold up under investigation." She added that social workers are paid to make plans for children, and so they can afford to delay while children wait for a home. She talked energetically and without a sense of humor about heading committees and various social groups. Beyond stating that her mother had died when she was six months old and that she was reared in an orphanage which was "wonderful," she resented any further inquiry into her early life experiences. She said men had made all kinds of offers because she had no one behind her. She married Mr. Young because he needed someone to look after him.

Mr. Young, now fifty, married Mrs. Young four years ago. His first wife had died after twenty-five years of childless marriage. He was a warm and kind person who submitted to his controlling wife with little protest. He had worked for Mrs. Young in her cleaning establishment ever since they were married. His chief concern was to please her.

This couple had to be rejected because it was felt Mrs. Young would not be a good mother. How did the worker handle the rejection?

The couple was called in for a personal interview and the worker indicated that adoption would not be to the best interest of either the child or Mr. and Mrs. Young, chiefly because of Mr. Young's age. While his health was excellent,

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the difference in years would be an increasing problem as a child grew older. At this point Mrs. Young broke in, and with her eyes turned to her husband said, "No, we are not hurt. We tried and you did not give us a child. Our conscience is clear." Then she said to her husband: "So they think we are too old. Well, you are just like I like you. Come on, there's a good television program we don't want to miss." While Mrs. Young was overtly angry, she seemed actually relieved when refused a child.

To permit Mrs. Young to blame her husband as well as the agency and the worker for the failure might seem questionable, but this approach was indicated because it would be least threatening to Mrs. Young. It was anticipated that Mr. Young, chiefly because of his strong dependence on his wife, but also because of little masculine protest, would not be unduly upset when held responsible for the failure in adoption. The reality basis for this approach was Mr. Young's age, a factor that could not be ignored. The worker's explanation also took into account Mrs. Young's protective need for her husband, whom she now could comfort for their mutual misfortune.

The key to this technique of rejection lies in awareness of the fact that telling the whole truth may, instead of being a virtue, actually be an act of the crassest cruelty and may throw into disequilibrium a situation which has some stability. To have questioned in any manner Mrs. Young's wish for a child or her ability as a mother would have threatened not only her child-possessing urges but indeed her entire adjustment. She had shown no capacity to accept or use such knowledge. Her social conscience was relieved, her pride was saved, and she was able to preserve an image of herself as a worthwhile person. Under these circumstances, the Youngs can continue to use their marriage to meet their emotional needs without endangering a child.

Use of Applicants' Rationalizations

Another illustrative case is that of Mr. and Mrs. Gill:

They had been married for fourteen years and the marriage was good. The only sadness was a long series of miscarriages. This had been lessened by the joy of adopting Lory, now five, an active,

imaginative and able little girl. In applying for a second child, both Mr. and Mrs. Gill said emphatically that they were not a bit unhappy with their family as it was, but they would like to add to their happiness by having another child. Mr. Gill was thirty-eight. He described himself as very idealistic. He thought his suburban community full of hypocrisy and in need of a jolt to become interracial and fully Christian. He said he hates his mother, yet he moved her in next door to his home. He enjoyed working alone as a night watchman. He had no close friends. While he needed to earn more money, he said he also needs to spend more time with his family. He could not reconcile both drives. Early history showed constant fighting between his parents, who were divorced when he was thirteen. He and his brother then got the whole brunt of the mother's demands. He went steady for two years with a girl who later made fun of his lack of sexual advances. He had vowed never to marry but forgot this when he met Mrs. Gill. He said that "she never is one to nag and argue."

Mrs. Gill was a charming woman of thirty-three, who enjoyed being a wife, mother, and homemaker. She was the fourth child in a family of twelve, where the girls were taught to make the father and brothers as happy and comfortable as possible. She seemed to understand her husband's unusually strong ties to his mother and was tolerant and understanding of his feelings. Lory suited her fine. Because Mrs. Gill realized that Lory would be somewhat upset by any addition to the family, she was less intent than her husband upon adopting a second child. However, she had yielded to his wishes.

This couple was not accepted for adoption primarily because of Mr. Gill's strong dependence on his wife. He would be unable to share her with another child. In addition, there were indications that Mrs. Gill lacked real enthusiasm for another child. She perhaps sensed intuitively that she did not have the capacity to do more than meet the needs of Lory and her dependent husband.

The handling of the rejection in this case illustrates the encouragement of rationalizations in the applicants.

The worker utilized defenses which had become apparent during the study—Mr. Gill's high ideals, his sense of social responsibility, his high expectations of himself as a husband and father, his concern that he and his family not get so involved with earning a living that closeness to the ground and enjoyment of simple pleasures be forgotten.

Mr. Gill said that the worker was right; he could not modify his idealistic thinking much and still respect himself. Mr. and Mrs. Gill both said that his mother had been very ill again, and this was not the time to take on another child along with their responsibilities to his mother. Mrs. Gill expressed her gratitude that the worker understood her husband's philosophy of living so well. While she was glad that "expert thinking" had turned up such understanding, still she was sorry because she wished for a second child. The worker's encouraging remarks that the couple had done such a fine job with Lory relieved a feeling of insecurity in them and strengthened their entire well-being.

This rejection was well handled. Reference to Mr. Gill's idealistic views on life was an effective means of handling his feelings. His own rationalizations had been put to good use. This also spared him the necessity of facing his extreme dependence on women, as this subject was not aggravated by unnecessary discussion. The worker's task of rejection had been further facilitated by an intuitive awareness that Mrs. Gill was quite satisfied with her little family and did not really strongly desire to add another member.

Use of Unalterable Circumstances

Now let us consider the Sheldons.

The insecurity of Mrs. Sheldon became apparent as she talked anxiously. She was a large-boned, tall, tense woman of twenty-nine. When she was ten, her alcoholic father had deserted and the thirteen children were split up among relatives. She had little contact with her dominating and unloving mother, who remarried soon after her divorce. At sixteen, Mrs. Sheldon learned that she would never menstruate and have children because of a glandular disturbance. She did not mix with boys, "wasn't a man hater exactly, but didn't like men then." She felt satisfied with being single; "there was no use in asking for trouble." Mrs. Sheldon tried desperately to deny her loneliness until, at twenty-seven, she sought refuge in marriage to a compliant man.

Mr. Sheldon was the youngest of seven. He cooked, cleaned, and did many chores for his mother, who was ill during the greater part of his childhood. He married Mrs. Sheldon, knowing that she could not have children, and went along with her wish to adopt a child. Both stated that "children are the main purpose in marriage

and marriage doesn't make sense otherwise." Mrs. Sheldon, of course, could not be a good mother as long as having a child meant easing her loneliness and proving herself as a woman.

This case bears out how unalterable factors in applicants' lives can be used in the handling of the rejection.

The worker reviewed some of the problems commonly occurring in adoption, such as a couple's inability to have children of their own, the effect of the uncertainty about the child's background, and eventually the handling of the child's feelings when he learns that he is adopted. After this, the worker focussed on their specific situation. Mr. and Mrs. Sheldon had been married for only two years. This had given them little time to adjust to marriage. Both had had hard, troubled childhoods, Mrs. Sheldon in particular. Furthermore Mrs. Sheldon was unfortunate enough to have a physical disturbance which prevented her from having children.

At no time did the worker question Mrs. Sheldon's capacity as a mother. The worker re-emphasized his understanding of the hardships of the couple's lives and indicated that these, rather than character as such, were responsible for the agency's decision. The Sheldons were invited to reapply in the indefinite future. Although they left dissatisfied, there were indications that the rejection was not unwelcome and that marriage without a child could make sense to them.

Withdrawal of the Application

Let us now examine circumstances under which an application is withdrawn. It is not unusual that parents, when offered a child, change their minds and refuse placement. After their application for adoption has been accepted, they appear suddenly to feel that they cannot go through with the adoption when confronted with the reality of actually having a child in their home who is not their own flesh and blood. They usually cannot give a reasonable explanation for their change in attitude, but instead indicate vague fears and doubts. They feel a sense of danger, both for themselves and the child. They sometimes express a feeling that the child may fare badly or that their marriage may suffer from the adoption.

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A VOLUNTARY AGENCY ADDS A PROTECTIVE SERVICE*

Elizabeth Nichols

Director of Protective Services
Children's Services of Connecticut
Hartford, Conn.

An agency traditionally offering services requested by parents assumes the responsibility which authorizes it to initiate services in behalf of neglected children.

THE setting in which I operate is one unit within a private statewide child caring agency¹ which offers many different services to children: foster care, adoption, family day care and residential treatment, plus a new addition—protective services.²

Until the recent addition of protective services, the agency's services had been completely voluntary, available to parents who chose to utilize them and to public welfare departments which purchased the agency's care for its children. However, this was an agency accustomed to change, directed by an executive and board which had many times stopped to look at changing community needs and had lived through the painful process of giving up a sometimes cherished function to take on the new. The foster care program had shifted, in response to the changing social scene, from the long-time care of dependent children to specialized and time-limited care. The agency added a family day care program. Its institution had evolved through many stages to the present Children's Village, which provides a residential treatment program for emotionally disturbed children.

Evaluation of the Community's Need

I believe this is important as background for the request of the Greater Hartford Community Council in 1955 that the agency add to its functions that of protective services. The Family and Child Care Division of the council had been working actively for three years on the problem of those children whose needs were all too apparent to the schools, the courts

* Given at the National Conference on Social Welfare, at a session co-sponsored by the Child Welfare League of America and the American Humane Association, on June 7, 1960.

¹ Children's Services of Connecticut is an agency which ten years ago came into being as the result of the merging of the Connecticut Children's Aid Society and the Hartford Orphan Asylum. From the long history of those two agencies might be written much of the history of child care itself in the United States.

² Protective service is a specialized social service which carries a responsibility delegated by the community to offer help in behalf of any child considered or found to be neglected, abused or exploited.

and the social agencies and whom the existing resources were not serving adequately. They were the children whose parents were frequently referred to family agencies, child guidance clinics or child placement agencies but lacked the motivation or the conviction about themselves and their capacity to function differently to follow through. Their case records were characteristically closed with the familiar "client uncooperative." They were also some of the children who came before the Juvenile Court as neglected, and despite the parents' protests were committed to the Department of Public Welfare as the only way of assuring their safe and adequate supervision.

The agencies represented on the council committee were very much in agreement about wanting to extend themselves to fill the gap. Policies concerning the kind of initiative required of a client in making an application were re-examined. Substantial thought was given to how far a voluntary service could soundly reach out to help the reluctant family use their service, and effort was expended in experimenting with a more aggressive and tenacious approach. More home visits were made. More follow-up letters were written. But the results showed all too clearly that there was still a substantial group which was not being reached effectively.

There were undoubtedly many contributing factors. Among them, I feel sure, was the fact that it is inevitably more time consuming to follow through with this kind of reaching out to clients than it is to serve the client who responsibly seeks out the service. And any voluntary agency with the normal limitation of staff time must constantly make a choice as to its best investment of that time. To withhold service from the well-motivated applicant who may take substantial help in a comparatively brief period, in order to extend it to the client who has not sought help and is resistive to it, is a difficult administrative deci-

sion, and one which may be difficult for the staff to carry out. It also soon became evident that there are definite limits to how far a service can go in helping clients use a service for which they have not asked, when the agency is without authority to hold them to doing so.

Developing a Protective Service Unit

The work of the Hartford committee and the agencies involved with it led to the decision that an additional resource was needed which would carry the authority to hold parents to the community's minimum of adequate care of children or to initiate court action. The need in the Hartford area was mainly for casework involving sustained work with parents rather than for some of the other functions frequently associated with protective services. The City Department of Welfare had already developed foster care facilities for children who needed to be removed from their homes in an emergency, and was giving around-the-clock service to meet this need in the metropolitan area. The City Police Department had developed a staff of policewomen to whom cases of criminal neglect were referred; they worked cooperatively with the Department of Welfare. The Division of Child Welfare of the State Welfare Department had legal responsibility for making social studies on all families for whom neglect petitions had been filed. The council's focus, therefore, was not on meeting emergency needs but on providing skilled casework from an authoritative base, to help prevent the occurrence of the crisis which could precipitate complete family breakdown.

The council turned to the State Department of Public Welfare with the request that it take on this project, and was told that the department was not in a position to develop staff and assign them for this project. After the nonsectarian family agency also returned a negative answer, the request was made to Children's Services.

I am well aware of the differences of opinion in the field about the suitability of a private agency's carrying protective work. In our situation, the council did see the welfare department as the most suitable agency to carry this function, but when it was found unavailable, the council was so convinced of the need for the service that it moved on to

find another solution. I believe this was sound. Children of the community could not wait. The need had been thoughtfully identified, and the Community Chest was prepared to make funds available. A private agency with its greater flexibility of program and staff could respond.

Children's Services board and staff had participated actively on the Community Council Committee, so that the agency shared the concern to see this project become a reality. The board, as I have pointed out, was accustomed to considering and making program changes and was undoubtedly more flexible than many. The problem in this instance for the board and staff was the consideration of what it could mean to the other voluntary services to make an authoritative function a part of the agency. Could it count on the continuing financial support of the Community Chest, and could it staff the new program sufficiently so that the service itself would not make demands on the other services? The board and staff decided the other services were well enough established so that the agency could encompass both without damage to the existing services.

The second problem was one of legality. The agency's charter includes the provision that the agency is empowered "to seek out neglected children." In the opinion of our legal advisors, this was sufficient legal sanction for the agency to initiate study of complaints of neglect and hold parents to responsible care of their children. If experience should prove that further legal authority was needed, the board of directors was prepared to go back to the legislature and request the appropriate charter changes. The second enabling qualification of the agency to carry this function was the fact that as a licensed child caring agency it had the right to file petitions alleging neglect with the Juvenile Court.³

This then was the framework within which our Protective Services Unit was established in March 1956. The service was set up to serve the area of the Greater Hartford Community Chest, which was prepared to pay the costs of operating the unit. Children's Services of Connecticut was to provide the admin-

³ According to Connecticut law, neglect petitions may be filed only by certain designated individuals or officials (parent, guardian, selectman, probation officer, Commissioner of Welfare) or by licensed child-caring agencies.

istrative services to furnish the

Work of

With the problem now seems to evaluate Services Unit, parents, and other agencies as a community.

In its structure, the casework, the community, the families, a voluntary, adequate, able to turn to some reaching-

To this structure, neglect cases. Those parents receive the upon the giving is certain changes be taken as parents agency can change and recognizing them may workers, and conviction.

The dealing with application with limited was drawn family:

Mr. and Mrs. Adams, a family came from sixteen states. Mr. Adams It was acknowledged not the deep guidance that dapper job history

istrative supervision of the program and furnish the office space.

Work of Protective Services Unit

With four years of experience behind us, it now seems possible to examine and to a degree evaluate the service which the Protective Services Unit is providing children and their parents, and to consider the significance to other agencies of having this additional facility as a community resource.

In its simplest and most obvious terms, the ingredient which the unit has added to the casework services available to the families of the community is authority. Resources which the families of the community could use on a voluntary basis in this area are relatively adequate. For the most part, services are available to the well-motivated client, and even to some who can respond to the concerned reaching-out by a voluntary service.

To this, protective services has added the structure within which the complaint alleging neglect can be evaluated with the parents. Those parents who are neglecting can then receive the unique kind of help that is based upon the judgment that the care they are giving is not good enough, and that unless certain changes are made, suitable action will be taken which may abridge their legal rights as parents. That this authority which the agency carries can be used to bring about change and can be a positive support in recognizing needs and parents' capacities to meet them may still be an anomaly to some caseworkers, but has long since become a strong conviction of protective caseworkers.

The difference for a family between working with a voluntary agency on their own application and working with a protective agency with limits and expectations clearly established was dramatically demonstrated by the Adams family:

Mr. and Mrs. Adams had four children. Mrs. Adams, an obese, lethargic woman of twenty-six, came from a severely deprived background. At sixteen she became pregnant, and her marriage to Mr. Adams was forced on them by her father. It was not until after the marriage that she acknowledged to her husband that he was probably not the father of her expected baby. She carried deep guilt and he entered into the marriage feeling that he had been trapped. Mr. Adams was a dapper young man, a hard worker with a good job history in low paying positions.

Mrs. Adams came to the family agency to complain about her husband. She was depressed again and the fault was his. (She had recently had psychiatric difficulties and had responded fairly well to a period of hospitalization and shock treatment.) He spent most of his time away from home and did not support them adequately. Family Service moved out to try to help this family, whose stability was most precarious. They helped Mrs. Adams to get certified for medical care but found her unable to follow through responsibly. They put in money at times of crisis for food and clothing and even helped them buy some furniture. They made repeated attempts to work with Mr. Adams, but the few times he responded to appointment letters, he used the time to complain about his wife's poor management and poor care of the children.

Use of Authority in the Case

After four months of reaching out to both parents with concern and understanding as well as tangible help, the worker had to conclude that both Mr. and Mrs. Adams were using the service only to air their grievances when they were angry with each other. Both parents were so engrossed in their own difficulties and frustrations that the children's needs were largely overlooked. They continued to get substandard physical care and very little emotional satisfaction from either parent. Since there seemed to be no prospect of change, a conference of the agencies which knew the family was called and a decision was reached that neglect petitions should be filed.

During the course of the study which was made by the Division of Child Welfare in preparation for the court hearing, the worker observed little that was positive in this mother's relationship to her children, aside from the questionable quality of a dogged possessiveness. Her history certainly added little that was reassuring about her potential for handling the job of parent and homemaker alone.

At the court hearing, one was impressed by the complete lack of communication between the two parents, as well as their inability to face the fact that the time of crisis had arrived and an outside authority was holding them to substantial change. The judge pointed out the many areas in which their care of the children did not meet the community's expectations, and continued the petitions for three months under the supervision of the Protective Services Unit. Mrs. Adams was told that the court stood ready to order her husband out of the home if this was the only way she could do her job as a mother, but at her request postponed any action on this.

In interviews with Mr. and Mrs. Adams after the court hearing, the worker set up the structure within which agency and parents would be working together for the three-month period granted by the court. Faced with the worker's clear identification with the court's ultimatum, Mrs. Adams was no longer able to project all the shortcomings of her home on her husband. The worker was ready to acknowledge that she might be too discouraged, too physically debilitated to do an adequate job. If this was not true, she would need to demonstrate it by more adequate physical care of the children: regular meals, thoughtful attention to clothing, responsibility in relation to clinic appointments. Having specific expectations presented to her, Mrs. Adams could begin to move out of her self-absorption and put some of her energies into attempting to do an adequate job.

Mr. Adams responded very differently. According to him, the situation had never been as bad as the social workers portrayed it, and we would soon see for ourselves what a devoted father and adequate provider he was. It was only in response to specific expectations that he could express his resistance. Not until the court hearing three months later could he say how shocked he had been by the ultimatum that he would have to either give enough personal and financial support to his family to insure a secure home, or leave the home to let his wife see if she could do the job alone. And not until this time could he acknowledge his own awareness of the shortcomings of the attention he had been showing his family.

The movement of these two people in relation to the caseworker during the following months was faltering, sometimes forward with real purposefulness and then backwards, as they tested out how much was really being expected and how much the worker really cared about them and the outcome for their family. By the end of the three-month period, the Adamses went back to court with the clear conviction that their marriage was worth saving and that they wanted to continue to do the job together. The worker reported clearly identifiable improvement in the way they were operating as parents. The court gave recognition to the progress that had been made, and continued the petitions for a second and longer period.

It is my conviction that the new ingredient which the Adams family used so positively is the authority which intervened to say that their children were the focus of the agency's concern and that the children could no longer wait. We could understand the almost insurmountable handicap under which this marriage was initiated. We could accept the fact that the parents' needs as individuals were so

great and so unfulfilled that it might be impossible for them to focus their concern on their children. But we valued them as people and as parents and were ready to stand by to help them try to do the job they both thought they wanted to do.

In this instance, the family came to protective services through the court. Although it would have been possible for Family Service to have referred the Adamses directly to protective services instead of seeing that petitions alleging neglect were filed, I believe that with this family at this time the use of the court was helpful.

I am well aware that there are vast differences in the Juvenile Court laws of the states and wide variations within a state in the actual operations of the courts. In our district we are fortunate in having an able and socially minded judge, who weighs the legal evidence thoughtfully and does an extremely helpful job of interpreting to the parents the areas of legal neglect and the expectations of the court with regard to children. I believe that the movement in the Adams case was strengthened by the court experience: that the expectations for change were more clearly focused for both parents and that the time limit imposed was a dynamic for both the parents and the worker.

This is by no means to imply that the Juvenile Court is being used routinely or even in a majority of the cases referred to our Protective Services Unit. About two-thirds of the families with whom we have worked have been referred by other agencies or by individuals.

Responsibility of the Other Agencies

By far the largest percentage of the applications which we are accepting come from the social and health agencies of the area. Many of them are the agencies which had originally worked on the identification of the need for protective services. They had carried a responsible concern for children whom the existing community resources were unable to reach, and were relieved when the service for which they had worked finally became a reality.

After four years of experience in working with that service, I believe that those agencies would agree that the existence of a protective service program in a community adds a resource, but at the same time adds a new responsibility to every agency in the com-

munity. It is no protection in itself, but with the guidance of the court, only in the community, that the agency would then be able to initiate

For example, the visiting nurse, who is concerned about the health of the children, and the physician, who is concerned about the physical condition of the children, and the social worker, who is concerned about the social and economic conditions of the family, all have a responsibility to the family. The protective service can be helpful in this regard, but it must be remembered that there are other agencies involved, and whether the protective service can be helpful or not depends on the cooperation of these other agencies.

The Age Factor

By the time the family reaches the Juvenile Court, it is an individualized case, and the worker's responsibility is to suggest to the court the appropriate agency and the appropriate time for intervention and the appropriate method of intervention that decision.

In the case of the Adams family, the worker's responsibility is to suggest to the court the appropriate agency and the appropriate time for intervention and the appropriate method of intervention that decision.

munity. It is my thesis that so long as there is no protective service available to a community, the responsibility of agencies ends with the giving of their own immediate service. Only in situations of rather gross neglect would they be expected to take responsibility for initiating court action.

For example, without protective services, the visiting nurse might well be concerned about the mother who failed to follow through on the usual program of medical supervision and inoculations for an infant, but after a series of broken appointments at the Well Child Conference might conclude that this parent was not interested in the service offered, that there was nothing further a voluntary service could do, and close the case. With protective service available the same nurse with the same family cannot avoid the fact that there is something further she can do, and must take responsibility for considering whether the failure to use the clinic resource is one indication that the infant is being deprived of essential care and necessary concern of his parents.

The Agency's Decision about Neglect

By the use of this somewhat oversimplified example I do not mean to suggest that this is an individual nurse's or an individual case-worker's responsibility. But I would like to suggest the kind of decision which every agency must make and the kind of administration and supervision necessary to carry out that decision.

In the Aid to Dependent Children program, one requirement for eligibility is that the parent provide a suitable home. There is no requirement that the children shall have been born within a marriage. Repeated out-of-wedlock pregnancies, however, are always of concern to a community, particularly when the support of the children so conceived becomes the community's responsibility. The ADC program has been attacked over and over again on this basis. ADC administration and staff inevitably feel the pressure to do something about it. Social work cannot become caught in the community's need to punish, but it does carry a tremendous responsibility of its own to evaluate the effects upon children of being raised in a situation that lacks the protection of community approval plus the very important ingredient of a father person.

It is obviously unthinkable that every situation in which an out-of-wedlock pregnancy occurs be considered one of child neglect. We know too well that this is not true. Nor are we willing to take part in imposing a standard on recipients of assistance that is different from the one the self-supporting segment of the community is expected to meet. What then is it that makes the home "unsuitable"? At what point does the fact that the mother has an out-of-wedlock child create a neglect situation?

If we keep our focus on the effect of a living situation on children rather than on the parents' behavior *per se*, what do public assistance workers need to know about the children in the families for whom they are responsible? It is not difficult to pinpoint some of the danger signals that give warning of the fact that a mother's needs are so unfulfilled, or her lack of self-respect so great, that her children are being deprived of responsible care or a setting which fosters some self dignity.

I believe that our experience in the Hartford area points to the fact that the availability of protective services has given the assistance program added stimulus to look at children's needs and to identify children who are without adequate care and concern. In the first twelve months of our operation, ADC made five referrals to protective services. In the past twelve months there have been twenty-one. This increase has come about through frequent joint conferences between the Aid to Dependent Children, Division of Child Welfare and protective services staff. Workers are repeatedly being asked not, "Does this mother drink?" or "Was this mother arrested?" but "Are these children left without responsible supervision?" "Does their school attendance give evidence of a breakdown in orderly living?" "Do their health records suggest that adequate concern is lacking?"

The process of learning to identify the danger signals may be a slow one. But a responsible assistance program with an authoritative service available to which it may refer its neglected children can hardly do less than help its staff to use it.

After two years of operation as a demonstration project, Children's Services of Connecticut made the Protective Services Unit a permanent part of its ongoing service to children. I think there is no longer question on the part of board

or staff that an agency with the proper legal sanctions to act on the community's concern for its children can include an authoritative service, and thereby enrich rather than drain its voluntary services.

We know anew the dimension that has been added for parents who have lost their way as parents and the protection that has been added for children who were being shortchanged. We believe that the community is better equipped to serve its children because it has invested in a service which can express its conviction that parental rights carry parental responsibilities which it is ready to affirm and support.

BOOK NOTES

Juvenile Delinquency—Its Nature and Control,
by Sophia M. Robison, New York: Henry Holt and Company, 1960, 546 pp., \$6.75.

This fully documented volume constitutes one of the most comprehensive, thorough, and analytical accounts of juvenile delinquency, in all aspects of the subject, that has ever been written. It should be invaluable as a textbook for advanced students, a foundation treatise for those wishing to penetrate deeply into the problem, and a book of reference. Included are the different theories concerning juvenile delinquency, its nature and causation; the methods of approach used to understand and evaluate it; and experience in the United States and other countries in attempting to prevent, control, and treat this manifestation of disorders of the personality and social maladjustment in youth. A certain amount of case material is included.

Dr. Robison's approach is an outgrowth of more than thirty years of work in this field, chiefly as a teacher and in research. In addition to objective presentations of the theories, findings, and experience set forth in the vast amount of material, from many disciplines, which forms the foundation of the book, the author gives us the benefit of her own conception of the most significant aspects of the various approaches—classical, clinical, psychological, sociological, anthropological—and of the institutions or programs discussed, and her own conclusions concerning their values and shortcomings. Chapter Twelve, "Causal Theory: Its Problems and Its Future," is especially valuable.

In the last chapter, entitled "The Road Ahead," it is pointed out that the field of juvenile delinquency is not as clearly delineated as that of other sciences or aspects of knowledge which have been separated for convenience in study, and that there is no agreement about its meaning or significance. Among the problems raised in this chapter, some of which will be the subjects of great diversity of opinion on the part of the readers, are discrepancies between "the American dream of opportunity for all," and the possibilities of its practical realization; impatience when the material advantages which we overreach ourselves to give our youth are not repaid by good behavior; failure to provide proper controls without overtones of hostility; curtailing and postponing opportunities for adolescents to engage in real work; and shortage of recreational opportunities involving their direct, as distinguished from their vicarious, participation.

Parents, social workers, teachers, judges, and others each approach the problem from a different vantage point and with a different stake in it. "Because their solutions reflect their indoctrination, the explanations of delinquency as well as the proposals for its cure not only vary widely but conflict each with the other." None of the explanations are found to be conclusive. Statistics provide descriptive but not causal explanations. The area in which the various disciplines most nearly agree is that some form of family disorganization is a factor in delinquency—usually the failure of parents to give their children the two things they need most, the assurance of continuing love and moral discipline made acceptable by love. Review of experience in treatment reveals little evidence of the effectiveness of most of the devices that have been advocated for controlling or treating delinquency.

Some signs of progress are evident, "not the least of which is the acknowledgment of our ignorance." Dr. Robison makes five proposals, which can only be enumerated within the limits of this review: to redefine delinquency; to define clearly the appropriate role of each of the institutions charged with some responsibility for its control or prevention; to replace invalidated theories and treatment processes by implementing those for which the evidence appears to be most

promising; and physical tend research developing research in the dynamics of in interrelat family setti The sun are helpful the small based on judgment for widest of the ma if progres important would hope much sh form the her own length th volume.

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promising; to reconsider the use of personnel and physical plant; and to intensify and extend research and revise research methods, developing, for example, scientifically designed research projects with emphasis on the dynamics of delinquent behavior as experienced in interrelationships, particularly within the family setting.

The summaries at the end of each chapter are helpful, but one is often disappointed in the small amount of interpretative material based on the author's own knowledge and judgment that is included. There is great need for widespread consideration and discussion of the many facets of the material presented, if progress is to be made in this urgently important but highly confused field. One would hope that the author might do another, much shorter, volume outlining in succinct form the issues, and giving us the benefit of her own insights and conclusions at greater length than she has permitted herself in this volume.

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statement of the standard is followed by a discussion giving the "rationale, principles, implications, or steps in carrying out the practice."

Each section is brief, clear, and important to an understanding of the whole, and the format makes for easy reference and adds to the usefulness of this publication.

There is much of interest and value in this volume for members of agency adoption committees and for staff engaged in adoption practice. Members of adoption committees charged with formulation of agency policies who reviewed the draft of these standards found them stimulating and challenging. A study of them would prove a rewarding project for such committees and serve as an impetus to further efforts to strengthen adoption services. In orienting new staff members, the use of these standards to supplement agency policies and procedures should be considered a "must." The availability of such comprehensive organized criteria should prove helpful in training of personnel.

In the St. Louis area, a group of professional staff of various agencies engaged in adoption service are members of the Adoptions Conference of the Health and Welfare Council of Metropolitan St. Louis. During the past year, the program committee planned some of the meetings around certain specific standards and agency practices in relation to these standards.

In addition to consideration of the casework aspects of adoption, this publication offers standards for agency organization and administration and for community planning in this field. Those responsible for licensing of agencies will find it a useful handbook, which can be offered as a guide for providing service beyond "minimum requirements."

Study of the adoption standards can provide much stimulation to improved practice in all agencies providing such service. Certainly many of the suggested standards are commonly accepted practice today and others are being achieved in many agencies, but it is equally certain that there is no agency in which practice could not be improved with wise use of these standards.

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Catholic Charities of St. Louis
St. Louis, Mo.

CLASSIFIED PERSONNEL OPENINGS

Classified personnel advertisements are inserted at the rate of 15 cents per word; boxed ads \$7.50 per inch; minimum insertion \$3.00. Deadline for acceptance or cancellation of ads is **sixth** of month preceding month of publication. Ads listing box numbers or otherwise not identifying the agency are accepted only when accompanied by statement that person currently holding the job knows ad is being placed.

CHILD WELFARE WORKERS 3 vacancies, one in Yuma County, hot and dry; one in Gila County, warm range-land; and one in Coconino County, cool with pines. All case loads include Indian population. Required: At least 1 year graduate training in an accredited school of social work. \$5328. Arizona Merit System, State Capitol Bldg., Phoenix, Ariz.

CHILD WELFARE WORKER III \$5076, Maricopa County temporary protective foster home project in Phoenix. Required: Master's degree in Social Work. Arizona Merit System, State Capitol Bldg., Phoenix, Ariz.

SUPERVISORY POSITIONS. 3 interesting positions for trained professional social workers. (1) Protective Service Specialist, which is a responsible position in a temporary child care center in Phoenix; (2) Supervisor of Social Services in Maricopa County Welfare Department in Phoenix; and (3) Casework Supervisor in Pima County Welfare Department in Tucson. Salaries: \$6324; \$5880; \$5328 respectively. Arizona Merit System, State Capitol Bldg., Phoenix, Ariz.

CASEWORK SPECIALIST, male, for residential treatment unit for boys. Psychiatric orientation. Responsibilities include work with children, parents, residential staff, psychiatrists, psychologists, and teachers. Prefer experienced worker. MSW from accredited school of social work required. Retirement plan, Social Security coverage, good personnel practices, health insurance, member CWLA. Salary commensurate with training and experience. Vista Del Mar Child - Care Service, 3200 Motor Ave., Los Angeles 34, Calif.

CASEWORKER II or III for multiple-function child placement agency to be responsible for cottage placed and foster home placed children and their families. Psychiatric orientation, excellent supervision, MSW required. Retirement plan, Social Security and good personnel practices, health insurance, member CWLA. Salary: Caseworker II, \$450-\$563; Caseworker III, \$503-\$629. Vista Del Mar Child-Care Service, 3200 Motor Ave., Los Angeles 34, Calif.

CASEWORKERS—Several immediate openings for mature, flexible, competent persons. Challenging work situation. Required: MSW, with or without experience in child or family welfare agency. Salary related to applicant's qualifications. Fringe benefits. Write: The Adoption Institute, 1026 S. Spaulding Ave., Los Angeles 19, Calif.

CHILD WELFARE WORKER—Los Angeles County. Excellent opportunities for professionally trained caseworkers in an expanding and progressive child welfare program offering a challenging professional experience with highly qualified supervision and psychiatric consultation. Agency provisional member CWLA. Good personnel practice. Program includes financial assistance, parent counseling, some specialized services to unmarried minor mothers, child placement in foster home care and group care, and a special project in protective services to children. Salary \$489 and annual increment to \$575 at the end of 4 years. Qualifications: 2 years of graduate training in an approved school of social work, or 1 year such training with 1 year's experience in child or family welfare agency. Those appointed are expected to drive and furnish an automobile for which an appropriate mileage allowance will be

paid. Write Miss Harriet C. Erickson, Director, Division of Child Welfare Services, Bureau of Public Assistance, 2615 S. Grand Ave., Los Angeles 7, Calif. Acting for the Los Angeles County Civil Service Commission.

CHILD WELFARE WORKERS (Adoptions) Female. Salary \$489-\$575. Expanding, progressive public agency with services to parents, applicants and children of all backgrounds. Must have at least 1 year's graduate study. Vacancy in Long Beach and Los Angeles office. Apply: Bureau of Adoptions, Miss Lynch, 2550 W. Olympic Blvd., Los Angeles 6, Calif.

CASEWORK SUPERVISOR: Non-sectarian, child placement agency. Services include intensive casework with deeply troubled parents and children, and placement in foster family care and family day care homes. Controlled caseloads, regular psychiatric consultation. Qualifications: MSW, experience in supervision, recent work in child welfare, including adoptions preferred. Responsibilities include supervision of qualified staff with related community and administrative activities. Salary \$6384-\$7980 in 5 steps. Can appoint at \$7140. Mrs. Ernestine Wood, Director of Casework, Children's Bureau of Los Angeles, 2824 Hyans St., Los Angeles 26, Calif.

LOS ANGELES—Openings for two caseworkers with graduate training in expanding family and child welfare agency—multiple services including marital counseling, unmarried parents, financial assistance, child placement in foster home care and group care, psychiatric consultation. Highly qualified supervision. Standard personnel practices. Opportunities for advancement. Salary, \$5400-\$7548 depending on training and experience. Write: Rev. William J. Barry, Assistant Director, Catholic Welfare Bureau, 855 S. Figueroa St., Los Angeles 17, Calif.